U.S. Department of Transportation
National Highway Traffic Safety Administration

2009 AUG 13 PM 2:21

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire

To Report Vehicle Safety Defects

1-888-DASH-2-DOT
(1-888-327-4236)
INTERNET:www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 100148

Date Received	Repository ☐
25-JUN-2009	Reference No. 10274987

OWNER INFORMATION (Type or Print)

Name	[redacted]	Daytime Telephone Number	E-mail Address
Address	[redacted]	[redacted]	
City MORRSVILLE	State NC	Zip Cod [redacted]	Evening Telephone Number

Do you authorize NHTSA to provide a copy of this report to the manufacturer of your vehicle? ☐ *YES* ☒ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name or address to the vehicle manufacturer.
Signature of Owner [redacted] Date 7/6/09

VEHICLE INFORMATION

17 digit Vehicle Identification Number Located at bottom of windshield on driver's side	Make	Model	Model Year
WDBJF55F2VA [redacted]	MERCEDES BENZ	E320	1997

Date Purchased	Dealer's Name and Telephone Number			Engine:	Fuel Type:
1999	Euro Motor, Bethesda, MD			No: Cylinders 4	Gasoline
Original Owner ☐	Dealer's City	State	Zip Code		

Transmission Type			Multiple Failure:	Incident Date(s)
Auto	☒ Antilock Brakes ☒ Cruise Control	Powertrain		25-JUN-2009

FAILED COMPONENT(S)/PART(S) INFORMATION

Vehicle Component Code: 141000 AIR BAGS: FRONTAL	Failure Mileage	Failure Speed
	90000	

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A TIRE FAILURE

Tire Make	Tire Model (Name or Number)	Tire Size (Example P215/65R15)
DOT No. (Example: DOTMAL9ABC036)	☐ Original Equipment ☐ Prior Repair	Failure Location:
Tire Component Code		Tire Failure Type:

ADDITIONAL ITEMS TO BE COMPLETED WHEN REPORTING A CHILD SEAT FAILURE

Make:	Date Manufactured:	Model No./Name:
Seat Type:	Installation System:	
Child Seat Component Code:	Failed Part:	

APPLICABLE INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and Injury(ies).)

Crash	Fire	Number of Persons Injured	Number of Deaths	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	1	0	Y

Narrative Description of Incident(S), Crash(es), and Injury(ies).
Please describe (1) events leading up to the failure, (2) failure and its consequences, and (3) what was done to correct the failure; i.e, parts repaired or replaced (and if old part is available).

TL*THE CONTACT OWNS A 1997 MERCEDES BENZ E320. WHILE DRIVING AT AN UNKNOWN SPEED, THE CONTACT'S VEHICLE WAS REAR ENDED AND PUSHED INTO ONCOMING TRAFFIC. THE VEHICLE CRASHED INTO THE FRONT OF ANOTHER VEHICLE. THE AIR BAGS FAILED TO DEPLOY. THERE WAS ONE INJURY AND A POLICE REPORT WAS FILED. THE VIN WAS UNKNOWN. THE CURRENT AND FAILURE MILEAGES WERE 90,000.

The vehicle is totalled.

Include, if available: Police/Fire Department Report, Photos, and Repair Invoice. ATTACH ADDITIONAL SHEETS IF NECESSARY